Maryland Telemedicine Taskforce

Final Update and Presentation of Key Findings and Recommendations

Maryland Health Quality and Cost Council

December 19, 2011

Telemedicine Taskforce

- **Previous efforts to look at the role of telemedicine focused on acute stroke care**
- **In late 2010, Secretary Colmers proposed two state agencies, MIEMMS and MHCC, direct a broader Telemedicine Task Force, to include other specialty needs in addition to stroke, via use of three advisory groups: clinical, technical, and financial**
- **Final report of the taskforce has been submitted and the key findings and recommendations will be summarized in this presentation**

Clinical Advisory Group

- Tasked with defining clinical issues and use cases
- 30 participants including clinicians, hospital administration, public health, rural health, and other interests
- Process: Held 6 meetings
  - July 7 and 21, August 4 and 18, September 15, September 28 (subgroup)
  - Discussed a wide range of TM related issues and made recommendations to other committees
  - Developed three clinical scenarios to demonstrate potential uses and benefits of TM

Clinical Advisory Group

Findings

- ***Evidence is rapidly growing on benefits of TM***
  - **Improved access and health outcomes; reduced ED visits and hospital admissions/re-admissions; reduced travel; increased patient and provider satisfaction**
- ***There continue to be barriers to implementation***
  - **Reimbursement; credentialing; licensing across state borders; lack of coordinated state leadership; and lack of broadband access**

Clinical Advisory Group

Recommendations

- ***Reduce Barriers to TM development in Maryland***
  - **State regulated payors should reimburse for telemedicine services**
  - **Align COMAR 10.32.05 hospital credentialing regulations with recent changes at CMS**
  - **Streamline medical licensing procedures for physicians who provide telemedicine services across state borders**
- ***Improve State leadership and promote TM development***
  - **Lead state agency for TM**
  - **Establish a TM Advisory Committee**
  - **Consider designating non-for-profit to support TM development efforts; Integrate HIE/CRISP and TM?**
- ***Consider a pilot TM program at MIEMSS (trauma, stroke, STEMI, etc.)***

Technology Solutions and Standards Advisory Group

- **Tasked with making recommendations regarding the standards that are required to support interoperable telemedicine in Maryland**
- **Approximately 30 participants consisting of hospital Chief Information Officers, representatives from the state designated health information exchange, clinicians, local health departments, and technology vendors**
- **Process: Held five meetings**
  - **First meeting: Discussed the current functionalities of the technology available to implement telemedicine**
  - **Second meeting: Examined standards that support interoperability from other industries**
  - **Third meeting: Drafted principles for interoperable standards**
  - **Fourth meeting: Considered various standards and criteria that need to be adopted statewide to support interoperability of telemedicine that build on existing health IT initiatives**
  - **Fifth meeting: Developed a model for telemedicine networks to connect to a centralized network operating center**

Technology Solutions and Standards Advisory Group
Recommendations

- ***Establish a centralized telemedicine network built on existing industry standards***
  - **A centralized telemedicine network is needed to support all medical services and would allow existing networks to connect with other networks**
  - **An interoperable telemedicine network built on existing standards and integrated into the statewide health information exchange would enable broad provider participation, allow networks to connect to other networks, and provide access to clinical information through the exchange**
  - **Organizations that adopt telemedicine should meet certain minimum requirements related to privacy and security, technology, and connectivity to a centralized telemedicine network**
  - **A provider directory service that identifies providers available to consult on care at the point of delivery should be included in a centralized telemedicine network**
    - **A provider directory service is a sophisticated database that maintains a list of providers participating in a telemedicine network and includes information about the types of capabilities that each endpoint or gateway possesses**

Financial and Business Model Advisory Group

Tasked with making recommendations regarding funding TM services

Participants:

- **Physicians, health plans, telemedicine health experts, and advocates.**
- **Considerable overlap with Telemedicine Clinical and Technology Solutions and Standards Advisory Groups**

Process

- **Reviewed principles of payment for telemedicine: distance site (location of consultant) and originating site (location of patient).**
- **Reviewed recent efforts of other states and positions of advocacy groups such as ATA.**
- **Considered current approaches used by payers**
  - **Medicare -- limited geography where access is a problem**
  - **Commercial market – governed by the laws of the state, CF and UHC pointed to Virginia law**
  - **Medicaid program – limited geography and behavior health – limited pilot**
- **Public payers voiced concerns about additional costs in a difficult budget environment.**
- **Staff worried about costs of additional mandates and impact on Medicaid.**

Financial and Business Model Advisory Group

Recommendations

- ***State-regulated payors should reimburse for telemedicine services***
  - **Telemedicine should be reimbursed when the service is judged clinically equivalent to a face-to-face visit.**
  - **Equivalency can be assessed using existing structures and standards applied by carriers via coverage rules (prospective) and utilization review (retrospective).**
  - **Implement statewide access to telemedicine**
  - **Payments should be made to distance site and originating site.**
    - **Distance site receives payment similar to face-to-face services.**
    - **Originating site receives a small administrative fee for providing the location for service.**
    - **No recommendation on the level of payment at either sites --evaluate appropriate payments.**
    - **Consider alternative payment approaches besides FFS**
  - **Panel recognized that budget challenges may limit Medicaid participation, but existing pilot for behavior health should continue.**

QUESTIONS?